



<b>POLICY TITLE:</b>		<b>Family Team Meeting (FTM)</b>	
 		<b>CHILD AND FAMILY SERVICES AGENCY</b>	
<b>Approved By:</b>	<b>Date Approved:</b>	<b>Original Effective Date:</b>	<b>Last Revision:</b>
<b>Brenda Donald</b>	<b>October 10, 2019</b>	April 9, 2013	April 30, 2021

<b>I. AUTHORITY</b>	<p>The Director of the Child and Family Services Agency (CFSA) adopts this policy to be consistent with the Agency's mission and applicable federal and District of Columbia laws, rules and regulations, including but not limited to the Preventing Sex Trafficking and Strengthening Families Act of 2014, the District of Columbia's Supporting Normalcy and Empowering Children in Foster Care Emergency Act of 2016, applicable provisions of Titles 4 and 16 of the DC Code, and the <i>LaShawn A. v. Bowser</i> Implementation and Exit Plan (December 2010). <b>This policy supersedes the Family Team Meeting Policy dated April 4, 2013.</b></p>
<b>II. APPLICABILITY</b>	CFSA staff and contracted employees.
<b>III. RATIONALE</b>	<p>The Family Team Meeting (FTM) is a structured planning and decision-making meeting that promotes family engagement through intentional inclusion of the family and partnership with the case management team to make carefully planned and appropriate decisions around the safety, permanency, and well-being of children involved with the child welfare system.</p> <p>When all members of the team, including the family and their supports, take part in decision-making, it encourages individuals to take ownership of decisions made concerning children's safety, permanence, and well-being, and to commit to effectuating positive outcomes for the children and family.</p>
<b>IV. POLICY</b>	<p>CFSA and contracted agencies providing on-going case management utilize FTMs to engage families, members of the family support network including extended family members, fictive kin, and others, and public and private agency partners to promote the safety, permanence, and well-being of children and families in the District of Columbia. It is the expectation that children, based on maturity and developmental stage, participate in FTMs.</p> <p>The FTM is a family-driven meeting that shall focus on important decisions and action steps to support the child's safety, permanency, and well-being including parent's ability to safely care for the children.</p> <p>FTMs are to occur in certain case circumstances as outlined herein. The social worker, however, may request an FTM (via <a href="mailto:cfsa.ftmu@dc.gov">cfsa.ftmu@dc.gov</a>) at any time if the case management team believes that it would be beneficial to engage in family decision-making through a facilitated meeting.</p>

	<p>A trained facilitator will facilitate the discussion during every FTM.</p> <p>CFSA and contracted agencies providing on-going case management shall invite and encourage the attendance of an array of case stakeholders, including: family members, their supports (e.g. friends, clergy), caregivers, resource parents, service providers, the child's guardian <i>ad litem</i> and parents' attorneys, if one is appointed.</p> <p>For purposes of this policy, references to CFSA social workers are inclusive of contracted agencies providing on-going case management of families involved CFSA.</p>
<b>V. CONTENTS</b>	<p><b>A.</b> General Requirements of Family Team Meetings</p> <p><b>B.</b> Meeting Participants</p> <p><b>C.</b> Roles and Responsibilities</p> <p><b>D.</b> Privacy</p> <p><b>E.</b> Meeting Structure and Content</p> <p><b>F.</b> Decision-Making</p> <p><b>G.</b> Evaluation and Monitoring</p>
<b>VI. ATTACHMENTS</b>	Principles and Goals of the Family Team Meeting
<b>VII. SECTIONS</b>	<p><b>Section A: General Requirements of Family Team Meetings</b></p> <p>The child's assigned social worker may request an FTM any time the case management team believes there is an issue that would best be resolved through facilitated, family-involved decision making. A family member can also ask the social worker to request an FTM at any point during the case.</p> <ol style="list-style-type: none"> <li>There are, however, key points along the case continuum at which an FTM must occur: <ol style="list-style-type: none"> <li><i>At-Risk FTM:</i> When a child is at-risk of removal from the home.</li> <li><i>Removal FTM:</i> At the time of, or immediately following, a home removal.</li> <li><i>Permanency FTM:</i> Prior to recommending a change in permanency goal to the Family Court for a child in foster care, or when there are challenges with achieving the permanency goal. <ul style="list-style-type: none"> <li><i>When the child's permanency goal is to be changed to Alternative Planned Permanent Living Arrangement (APPLA), CFSA is to follow the <a href="#">Establishing a goal of APPLA</a> policy.</i></li> </ul> </li> </ol> </li> <li>At the request of a case management team member, an FTM may occur prior to case closure for the purpose of family sustainability planning. (See the <a href="#">Safe Case Closure policy</a>)</li> </ol>
	<p><b>Section B: Meeting Participants</b></p> <ol style="list-style-type: none"> <li>The FTM must include family members and the child, based on age and developmental maturity.</li> </ol> <p><i>Note: the person who has custody or the legal authority to make decisions for the child must be in attendance for CFSA to hold an At-Risk FTM.</i></p>

	<ol style="list-style-type: none"> <li>2. CFSA shall invite to the FTM (and encourage the attendance of) other supportive persons identified by the child and family.</li> <li>3. If an FTM involves a family with children remaining at home, then CFSA must obtain consent from the parents or legal guardians before discussing family matters with other FTM participants.</li> <li>4. If an FTM involves a family with a child in the custody of CFSA, CFSA is to exercise due diligence to identify and encourage the participation (as clinically appropriate) of relatives, including adult grandparents, parents of a sibling of the child (where such parent has legal custody of such sibling), and other adult relatives of the child (including any other adult relatives suggested by the parents or child).</li> <li>5. If an attorney is interested in attending, all other attorneys connected to the case shall also be notified of the FTM by the coordinator. It shall also be the obligation of the attorney participating in the FTM to contact all represented parties' attorneys as prescribed by the attorney's rules of ethics.</li> <li>6. In situations in which the safety of meeting participants is of concern (e.g., there have been incidents (confirmed or suspected) of domestic violence between attendees or a request is made by an attendee), Agency staff shall make a clinical judgment as to the appropriateness of a specific individual's participation in the FTM or whether an FTM should occur at all.</li> </ol>
	<p><b>Section C: Roles and Responsibilities</b></p> <p>Participants are to complete various preparation activities prior to and during the FTM, the details of which can be found in the Family Team Meeting Business Process.</p> <ol style="list-style-type: none"> <li>1. Prior to the meeting, the FTM facilitator is to review the case to become familiar with the family's strengths and challenges. During the meeting, the FTM facilitator establishes a meeting environment that promotes respect and family engagement. Facilitators also have primary responsibility for guiding discussions toward decision-making.</li> <li>2. Prior to the FTM, the assigned social worker is to engage parents and youth, as appropriate, and identify family supports and other potential participants to invite to the FTM. During the FTM the social worker shall ensure that decisions made are supportive of safety, permanency, and well-being for children.</li> <li>3. The FTM coordinator is primarily responsible for locating, engaging, inviting and preparing families, their supports, resource parents, and professional partners for meetings. The FTM coordinator is also responsible for planning and the organization of the FTM. The FTM coordinator shall: <ol style="list-style-type: none"> <li>a. Communicate with the social worker(s) to identify family members and other potential participants with whom to follow-up to invite to the meeting.</li> </ol> </li> </ol>

	<ul style="list-style-type: none"> <li>b. Engage and inform parents and youth, as appropriate, about the FTM process.</li> <li>c. Invite participants, including the guardian ad litem (GAL), mental health providers, service providers, and supports identified by the family, preferably in person (or by telephone) and encourage their participation in the FTM.</li> </ul> <p>4. The FTM facilitator, FTM coordinator, and social worker shall communicate before each FTM and address all of the following issues:</p> <ul style="list-style-type: none"> <li>a. Family's strengths and needs</li> <li>b. Family's desired outcomes for the meeting</li> <li>c. Issues of concern regarding children's safety, permanency or well-being identified by CFSA or contracted agency</li> <li>d. Areas of potential conflict</li> <li>e. Special accommodations for the family at the meeting (e.g., the need for an interpreter, conference calls to include participants unavailable to attend in person, transportation assistance, child care during the meeting, or exclusion of certain individuals from part or all of the meeting for safety issues such as domestic violence.)</li> </ul>
	<p><b>Section D: Privacy</b></p> <p>CFSA and contracted agencies shall maintain the confidentiality of information disclosed at an FTM in accordance with the provisions of applicable law and CFSA policy.</p> <p><i>Note: "information" refers both to materials in recorded format in any medium and material that is not recorded.</i></p> <ul style="list-style-type: none"> <li>1. CFSA shall instruct participants in the FTM to limit child or parent-specific information disclosed during the FTM to that information which is reasonably necessary to accomplish the purpose of that particular FTM.</li> <li>2. CFSA and contracted agencies may disclose descriptive, non-diagnostic health information that impacts the child's quality of care or the safety of any member of the family. Confidential medical information about the child may be disclosed only if it is necessary to do so to accomplish the purpose of the FTM. (See the <a href="#">confidentiality provisions in CFSA's HIV/AIDS Policy</a>.)</li> <li>3. The facilitator shall identify all mandated reporters at the start of the meeting and inform participants of their obligation to report any suspected abuse or neglect disclosed in an FTM in accordance with applicable law. (See the <a href="#">Hotline Policy</a> for additional information concerning the reporting of child abuse or neglect.)</li> <li>4. FTM participants are to neither photograph nor record (in writing or with a device) any information presented at the meeting. The FTM plan is the only official document that shall be recorded and distributed to participants.</li> </ul>

	<p><b>Section E: Meeting Structure and Content</b></p> <p>All participants shall be given the opportunity to contribute to the discussion. FTM Principles and Goals (<i>see Attachment</i>) shall be followed during each meeting.</p> <ol style="list-style-type: none"> <li>1. FTMs are scheduled to last for 2 hours.</li> <li>2. FTMs shall be structured to be culturally responsive and encourage maximum family participation.</li> <li>3. The meeting agenda shall be structured to include: meeting ground rules; family strengths and challenges; desired outcomes; proposed recommendations to achieve those outcomes, and development of the FTM plan.</li> <li>4. The written FTM plan is to be distributed to meeting participants immediately following the meeting and recorded in the contacts section of FACES.net.</li> </ol>
	<p><b>Section F: Decision-Making</b></p> <p>At the outset of the meeting, the shared decision-making framework for arriving at key decisions is to be made clear to all participants.</p> <ol style="list-style-type: none"> <li>1. The FTM facilitator shall guide the family team to develop and agree to a plan that promotes the child's safety, permanence, and well-being.</li> <li>2. The FTM facilitator shall help the family team discuss and needs and problems that may arise in the execution of the plan and develop back-up plans as appropriate.</li> <li>3. Social workers are obligated to raise any concerns they have during the meeting if they believe that the plan being developed does not adequately promote the children's safety, permanency, and well-being.</li> <li>4. Team member objections to any decision included in the FTM plan are to be noted in the plan.</li> <li>5. If the FTM involves a child who is at risk of home removal or who has been recently removed from the home, key elements of the FTM plan are to be incorporated into the case plan to ensure the alignment of both plans.</li> </ol>
	<p><b>Section G: Evaluation and Monitoring</b></p> <p>The social worker shall immediately follow up on any actions outlined in the FTM plan and shall continue to ensure that agreed upon action steps are being carried out by the responsible parties.</p>

## **Attachment: Principles and Goals of the Family Team Meeting**

CFSA and its partners have embraced the following set of principles that guide the practice of FTMs:

1. **Focus on Safety:** Child safety is paramount. This includes ensuring the safety of children in the context of their families and addressing the safety issues of their family members.
2. **Attention to Well-Being:** Children deserve opportunities to grow, develop, be physically and mentally healthy, learn, and prepare for successful adulthood. Planning for and focused attention to the medical, educational, and mental health needs of children must be continually addressed.
3. **Focus on Permanence:** Permanency planning starts from the onset of the Agency's involvement with children and families is crucial.
4. **Family-Inclusive Philosophy:** Meaningful family participation (from children, birth parents, guardians, kin, resource parents, and significant others who are considered "family") in planning and decision-making is essential.
5. **Strength- and Need-Based Planning:** Strength-based assessments and plans are vitally important. They shall be conducted with special attention to all of the following situations:
  - a. The family's underlying needs and conditions
  - b. Engaging the family in crafting effective interventions that address the family's needs
  - c. Developing interventions with a family when there are family conflicts, or a family member's behavioral or emotional needs are not being met
  - d. Safety issues for all family members
6. **Ongoing Assessment and Planning:** All children and family plans are developed and adapted to address ongoing and changing needs using a family team meeting approach.
7. **Team-Based Approach:** The process of providing assistance to children and families requires a team that includes the family.
8. **Multi-Systemic Intervention:** The use of multi-systemic participation and intervention is crucial to assessing, planning, and providing suitable resources to children and their families.
9. **Cultural and Community Responsiveness:** Communities should be involved in planning with families and children. When possible, meetings shall be held in the community in the language of each family. Children and families are to be understood within the context of their own family rules, traditions, history, and culture.
10. **Brief, Strategic, Solution-Focused Intervention:** The process is solution-focused with flexible and easily accessible resources used to support those solutions.
11. **Organizational Competence:** Committed, qualified, trained, and skilled staff (supported by an effectively structured organization) helps to ensure positive outcomes for children and their families. Family and community members are valued and included in the organizational change process.
12. **Application of the Reasonable and Prudent Parenting (RPP) Standard:** This standard is applicable in instances when the agency is planning for a removal. The RPP standard requires resource parents and congregate care staff to exercise a careful but sensible decision-making process that promotes normalcy for children and youth placed in out of home care. It is also a shared parenting approach to decision-making (as applicable and appropriate).